



The Reid Supply Company

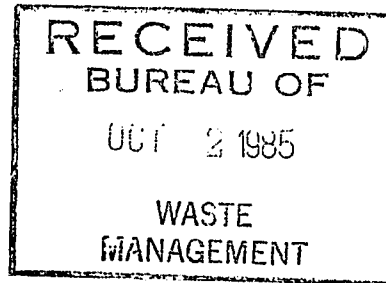
911 E. Indianapolis
P.O. Box 730
Wichita, Kansas 67201-0730
(316) 267-1231

950 Liberty Street
(at Union Ave.)
Kansas City, Mo. 64101-1194
(816) 842-4440

9/30/85

KDHE
Mr. John Ramsey
Hazardous Waste Section
Bureau of Waste Management
Forbes Field
Topeka, KS 66602

Reply to Wichita office



Dear Mr. Ramsey:

As you requested in your letter dated August 15, 1985, I have enclosed a revised hazardous waste notification form and Part A application. You will note the following changes:

- 1) Name of installation
- 2) Mailing address
- 3) Name of installation contact
- 4) Location of installation (2549 to 2525 New York)
- 5) Ownership to Conservation Services, Inc.
- 6) Operator to Conservation Services, Inc.
- 7) Estimated annual quantity of waste for D001 waste
- 8) Certification person to Chuck Trombold

An additional wastestream for waste oil would have been added to Section IV of Part A form 1, but no number has been established by the EPA. We plan to handle waste oil in the future should it be classified as a hazardous waste.

The need for the name change was to enable us to get the EPA required insurance. We could acquire the pollution coverage only if hazardous waste was above a certain percentage of total business. The only practical way to do this was to separate the hazardous waste portion from the rest of Reid Supply Company.

The need for the additional 12,000 gallon tank storage is to give us needed flexibility to store blended solvents prior to transport to be burned at the cement kiln. At present we have to stop blending solvents when the existing tanks



R00001580
RCRA Records Center

are filled until the material can be picked up by tank transport. Timing a tank transport pick up with the filling of our existing tanks is very difficult. The additional 12,000 gallon capacity would act as a buffer to allow for continual blending should the tank transport be delayed. It will also allow us to take on additional wastestreams due to the increased number of regulated generators and new business.

Since specific information is not available, such as drawings, we will send the drawing and the detailed plans according to the regulations for the tank to you in another letter which will be identified as Appendix C to be included with the Part B application. Thank you for the new regulations to help with the writing up of the plan.

Yours truly,

David Trombold

David Trombold
Hazardous Waste Coordinator

Enc.

DT/lt



STATE OF KANSAS
DEPARTMENT OF
HEALTH AND
ENVIRONMENT

NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTRUCTIONS: COMPLETE ALL APPLICABLE INFORMATION BELOW.
PLEASE REFER TO THE INSTRUCTIONS ON THE BACK PAGE TO COM-
plete this form. MAIL COMPLETED FORM TO: KANSAS DEPART-
MENT OF HEALTH AND ENVIRONMENT, DIVISION OF ENVIRONMENT,
BUREAU OF WASTE MANAGEMENT, FORBES FIELD, TOPEKA, KS. 66620

FOR OFFICIAL USE ONLY

| | | | |
|--------------------------------|----------|------------------------------------|----------|
| INSTALLATION'S EPA I.D. NUMBER | APPROVED | DATE RECEIVED (yr., mo., & day) | COMMENTS |
| F K S D 981119621 21 | A | 851002 | |

I. NAME OF INSTALLATION

| |
|---------------------------|
| CONSERVATION SERVICES INC |
|---------------------------|

II. INSTALLATION MAILING ADDRESS

| | |
|--------------------|--------------|
| STREET OR P.O. BOX | |
| 3 2 5 2 5 NEW YORK | |
| CITY OR TOWN | ST. ZIP CODE |
| WICHITA | KS 67219 |

III. LOCATION OF INSTALLATION

| | |
|------------------------|--------------|
| STREET OR ROUTE NUMBER | |
| 5 2 5 2 5 NEW YORK | |
| CITY OR TOWN | ST. ZIP CODE |
| WICHITA | KS 67219 |
| county SEDGWICK | |

IV. INSTALLATION CONTACT

| | |
|---|-----------------------------|
| NAME AND TITLE (last, first, & job title) | PHONE NO. (area code & no.) |
| 2 DAVID TROMBOLD | 316.267.5742 |

V. OWNERSHIP

| |
|---------------------------------------|
| A. NAME OF INSTALLATION'S LEGAL OWNER |
| 8 CONSERVATION SERVICES INC |

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)

| | |
|--------------------------------|---|
| F = FEDERAL M = NON-FEDERAL | M |
|--------------------------------|---|

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

| | |
|--|---|
| <input checked="" type="checkbox"/> A. GENERATION | <input checked="" type="checkbox"/> B. TRANSPORTATION (complete item VII) |
| <input checked="" type="checkbox"/> C. TREAT/STORE/DISPOSE | <input type="checkbox"/> D. UNDERGROUND INJECTION |

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

| | | | | |
|---------------------------------|----------------------------------|--|-----------------------------------|--|
| <input type="checkbox"/> A. AIR | <input type="checkbox"/> B. RAIL | <input checked="" type="checkbox"/> C. HIGHWAY | <input type="checkbox"/> D. WATER | <input type="checkbox"/> E. OTHER (specify): |
|---------------------------------|----------------------------------|--|-----------------------------------|--|

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

| | | |
|---|---|--------------------------------|
| <input checked="" type="checkbox"/> A. FIRST NOTIFICATION | <input type="checkbox"/> B. SUBSEQUENT NOTIFICATION (complete item C) | C. INSTALLATION'S EPA I.D. NO. |
|---|---|--------------------------------|

IX. DESCRIPTION OF HAZARDOUS WASTES

| DESCRIPTION | CODE # | QUANTITY /MO. |
|-------------------------|------------------|---------------|
| 1. Flammable Solvents | F003, F005, D001 | 84000 P |
| 2. Chlorinated Solvents | F001, F002 | 11000 P |
| 3. Paint Solids | D005-D008 | 1200 P |

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|---|--|------------------------|
| SIGNATURE Chuck Trombold for Conservation Services, | NAME & OFFICIAL TITLE (type or print) Chuck Trombold, President | DATE SIGNED 9/27/85 |
|---|--|------------------------|

Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

| FORM 1 GENERAL | | U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.) | | I. EPA I.D. NUMBER FKSD007246846E | |
|---|--|---|----------------------------|---|--|
| I. EPA I.D. NUMBER | | PLEASE PLACE LABEL IN THIS SPACE | | GENERAL INSTRUCTIONS | |
| III. FACILITY NAME | | | | If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected. | |
| V. FACILITY MAILING ADDRESS | | | | | |
| VI. FACILITY LOCATION | | | | | |
| II. POLLUTANT CHARACTERISTICS | | | | | |
| INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms. | | | | | |
| SPECIFIC QUESTIONS | | MARK 'X' | | SPECIFIC QUESTIONS | |
| A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A) | | YES | NO | FORM ATTACHED | B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B) |
| C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C) | | YES | NO | FORM ATTACHED | D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D) |
| E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3) | | YES | NO | FORM ATTACHED | F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4) |
| G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4) | | YES | NO | FORM ATTACHED | H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4) |
| I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) | | YES | NO | FORM ATTACHED | J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5) |
| III. NAME OF FACILITY | | | | | |
| 1 SKIP CONSERVATION SERVICES INC. | | | | | |
| IV. FACILITY CONTACT | | | | | |
| A. NAME & TITLE (last, first, & title) | | | B. PHONE (area code & no.) | | |
| 2 TROMBOLD DAVID HAZ. WASTE COORD. | | | 3 1 6 2 6 7 5 7 4 2 | | |
| V. FACILITY MAILING ADDRESS | | | | | |
| A. STREET OR P.O. BOX | | | | | |
| 3 2 5 2 5 NEW YORK | | | | | |
| B. CITY OR TOWN | | | | | |
| 4 WICHITA | | | | | |
| C. STATE | | | | | |
| KS | | | | | |
| D. ZIP CODE | | | | | |
| 6 7 2 1 9 | | | | | |
| VI. FACILITY LOCATION | | | | | |
| A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER | | | | | |
| 5 2 5 2 5 NEW YORK | | | | | |
| B. COUNTY NAME | | | | | |
| SEDGWICK | | | | | |
| C. CITY OR TOWN | | | | | |
| 6 WICHITA | | | | | |
| D. STATE | | | | | |
| KS | | | | | |
| E. ZIP CODE | | | | | |
| 6 7 2 1 9 | | | | | |
| F. COUNTY CODE (if known) | | | | | |
| SG | | | | | |

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

| | | | | | | | |
|----------|----|----|----|-----------|------------------|----|----|
| A. FIRST | | | | B. SECOND | | | |
| C | 7 | 7 | 3 | (specify) | Solvent Recovery | C | 7 |
| 13 | 14 | 15 | 16 | | | 13 | 14 |
| C. THIRD | | | | D. FOURTH | | | |
| C | 7 | | | (specify) | | C | 7 |
| 13 | 14 | 15 | 16 | | | 13 | 14 |

VIII. OPERATOR INFORMATION

| | | | | | | | | | | | | | |
|--|----|----------------------------|--|--|--|--|--|--|--|----------|-------------|---|----|
| A. NAME | | | | | | | | | | | | B. Is the name listed in Item VIII-A also the owner? | |
| C | 8 | CONSERVATION SERVICES INC. | | | | | | | | | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |
| 13 | 14 | | | | | | | | | | | 66 | |
| C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.) | | | | | | | | | | | | D. PHONE (area code & no.) | |
| F = FEDERAL M = PUBLIC (other than federal or state) P = PRIVATE S = STATE O = OTHER (specify) | | | | | | | | | | | | C A 3 1 6 2 6 7 5 7 4 2 | |
| | | | | | | | | | | | | 15 16 17 18 19 20 21 22 23 | |
| E. STREET OR P.O. BOX | | | | | | | | | | | | | |
| 2 5 2 5 NEW YORK | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | |
| F. CITY OR TOWN | | | | | | | | | | G. STATE | H. ZIP CODE | IX. INDIAN LAND | |
| C | B | WICHITA | | | | | | | | K S | 6 7 2 1 9 | Is the facility located on Indian lands? | |
| 13 | 14 | | | | | | | | | 40 | 41 | 42 | 43 |
| | | | | | | | | | | | | <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| | | | | | | | | | | | | 52 | |

X. EXISTING ENVIRONMENTAL PERMITS

| | | | | | | | | | | | | | | | | | | | |
|--|----|----|----|----|----|----|----|----|----|--|----|----|----|----|----|----|----|----|----|
| A. NPDES (Discharges to Surface Water) | | | | | | | | | | D. PSD (Air Emissions from Proposed Sources) | | | | | | | | | |
| C | 9 | N | | | | | | | | C | 9 | P | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
| B. UIC (Underground Injection of Fluids) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| C | 9 | U | | | | | | | | C | 9 | | | | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |
| C. RCRA (Hazardous Wastes) | | | | | | | | | | E. OTHER (specify) | | | | | | | | | |
| C | 9 | R | K | S | D | 0 | 0 | 7 | 2 | 4 | 6 | 8 | 4 | 6 | | | | | |
| 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 |

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Recycle Waste Solvents by Distillation and Channel Waste Solvents to other EPA Approved Facilities

Transport and Store Waste Solvents and Paint Related Wastestreams

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | | |
|--|----|----------------|----------------|
| A. NAME & OFFICIAL TITLE (type or print) | | B. SIGNATURE | C. DATE SIGNED |
| Chuck Trombold, President for Conservation Services, Inc. | | Chuck Trombold | 9/27/85 |
| COMMENTS FOR OFFICIAL USE ONLY | | | |
| C | | | |
| 13 | 14 | 15 | 16 |

| | | | |
|---------------------------------|--|---|---|
| FORM 3 RCRA | | U.S. ENVIRONMENTAL PROTECTION AGENCY HAZARDOUS WASTE PERMIT APPLICATION Consolidated Permits Program <i>(This information is required under Section 3005 of RCRA.)</i> | I. EPA I.D. NUMBER <div style="border: 1px solid black; padding: 2px; display: inline-block;"> F K S D 0 0 7 2 4 6 8 4 6 </div> |
|---------------------------------|--|---|---|

| FOR OFFICIAL USE ONLY | | COMMENTS |
|-----------------------|------------------------------------|----------|
| APPLICATION APPROVED | DATE RECEIVED (yr., mo., & day) | |

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

| | | | | | | | | | | | | | | | | | |
|---|-----|-----|-----|-----|---|----|----|----|---|-----|-----|-----|--|--|--|--|---|
| <p><input checked="" type="checkbox"/> A. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)</p> <div style="display: flex; justify-content: space-between;"> <div style="width:45%;"> <p>FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:10%;">YR.</td> <td style="width:10%;">MO.</td> <td style="width:10%;">DAY</td> </tr> <tr> <td>8</td> <td>79</td> <td>06</td> <td>01</td> </tr> </table> </div> <div style="width:45%;"> <p>2. NEW FACILITY (Complete item below.)</p> <p>FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">C</td> <td style="width:10%;">YR.</td> <td style="width:10%;">MO.</td> <td style="width:10%;">DAY</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> </div> </div> | C | YR. | MO. | DAY | 8 | 79 | 06 | 01 | C | YR. | MO. | DAY | | | | | <p><input type="checkbox"/> B. REVISED APPLICATION (place an "X" below and complete item I above)</p> <p><input type="checkbox"/> 1. FACILITY HAS INTERIM STATUS</p> <p><input type="checkbox"/> 2. FACILITY HAS A RCRA PERMIT</p> |
| C | YR. | MO. | DAY | | | | | | | | | | | | | | |
| 8 | 79 | 06 | 01 | | | | | | | | | | | | | | |
| C | YR. | MO. | DAY | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | |

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

- 1. AMOUNT** - Enter the amount.
- 2. UNIT OF MEASURE** - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

| PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY | PROCESS | PRO- CESS CODE | APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY |
|--------------------------------|----------------------|--|--|----------------------|--|
| Storage: | | | Treatment: | | |
| CONTAINER (barrel, drum, etc.) | S01 | GALLONS OR LITERS | TANK | T01 | GALLONS PER DAY OR LITERS PER DAY |
| TANK | S02 | GALLONS OR LITERS | SURFACE IMPOUNDMENT | T02 | GALLONS PER DAY OR LITERS PER DAY |
| WASTE PILE | S03 | CUBIC YARDS OR CUBIC METERS | INCINERATOR | T03 | TONS PER HOUR OR METRIC TONS PER HOUR, GALLONS PER HOUR OR LITERS PER HOUR |
| SURFACE IMPOUNDMENT | S04 | GALLONS OR LITERS | | | |
| Disposal: | | | OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.) | | |
| INJECTION WELL | D79 | GALLONS OR LITERS | | T04 | GALLONS PER DAY OR LITERS PER DAY |
| LANDFILL | D80 | ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER | | | |
| LAND APPLICATION | D81 | ACRES OR HECTARES | | | |
| OCEAN DISPOSAL | D82 | GALLONS PER DAY OR LITERS PER DAY | | | |
| SURFACE IMPOUNDMENT | D83 | GALLONS OR LITERS | | | |

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

| <div style="display: flex; justify-content: space-between;"> DUP T/A C </div> | | | | | | | | | | | | | |
|--|--|----------------------------|--|---------------------------------------|--|--------------------------------|----------------|--|----------------------------|--|---------------------------------------|--|--------------------------------|
| LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | | | FOR OFFICIAL USE ONLY | LINE NUMBER | A. PRO- CESS CODE (from list above) | B. PROCESS DESIGN CAPACITY | | | | FOR OFFICIAL USE ONLY |
| | | 1. AMOUNT (specify) | | 2. UNIT OF MEASURE (enter code) | | | | | 1. AMOUNT | | 2. UNIT OF MEASURE (enter code) | | |
| X-1 | S 0 2 | 600 | | G | | | 5 | | | | | | |
| X-2 | T 0 3 | 20 | | E | | | 6 | | | | | | |
| 1 | S 0 1 | 27500 | | G | | | 7 | | | | | | |
| 2 | S 0 2 | 21000 | | G | | | 8 | | | | | | |
| 3 | | | | | | | 9 | | | | | | |
| 4 | | | | | | | 10 | | | | | | |

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE CODE
POUNDS..... P
TONS..... T

METRIC UNIT OF MEASURE CODE
KILOGRAMS..... K
METRIC TONS..... M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

| W O JZ | A. EPA HAZARD. WASTE NO. (enter code) | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEA- SURE (enter code) | D. PROCESSES | |
|--------------|--|--|---|-----------------------------|--|
| | | | | 1. PROCESS CODES (enter) | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) |
| X-1 | K 0 5 4 | 900 | P | T 0 3 D 8 0 | |
| X-2 | D 0 0 2 | 400 | P | T 0 3 D 8 0 | |
| X-3 | D 0 0 1 | 100 | P | T 0 3 D 8 0 | |
| X-4 | D 0 0 2 | | | | included with above |

Continued from page 2.

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

| EPA I.D. NUMBER (enter from page 1) | | | | | | | | | | | | FOR OFFICIAL USE ONLY | | | | | | | | | | | |
|-------------------------------------|---|---|---|---|---|---|---|---|----|----|----|-----------------------|-----|----|----|----|-----|----|-----|----|----|--|--|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | | |
| W | K | S | D | 0 | 0 | 7 | 2 | 4 | 6 | 8 | 4 | 6 | T/A | C | 1 | 2 | DUP | 2 | DUP | | | | |

| IV. DESCRIPTION OF HAZARDOUS WASTES (continued) | | | | | | | | | | | | D. PROCESSES | | | | | | | | | | | |
|---|--|----|----|----|--|---|-----------------------------|----|----|----|----|--------------|----|----|--|--|--|--|--|--|--|--|--|
| EPA ID NO. | A. EPA HAZARD. WASTE NO. (enter code) | | | | B. ESTIMATED ANNUAL QUANTITY OF WASTE | C. UNIT OF MEA- SURE (enter code) | 1. PROCESS CODES (enter) | | | | | | | | 2. PROCESS DESCRIPTION (if a code is not entered in D(1)) | | | | | | | | |
| | 23 | 24 | 25 | 26 | | | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | | | | | | | | | |
| 1 | F | 0 | 0 | 1 | 35,000 | P | S | 0 | 1 | | | | | | | | | | | | | | |
| 2 | F | 0 | 0 | 2 | 35,000 | P | S | 0 | 1 | | | | | | | | | | | | | | |
| 3 | F | 0 | 0 | 3 | 55,000 | P | S | 0 | 1 | | | | | | | | | | | | | | |
| 4 | F | 0 | 0 | 5 | 55,000 | P | S | 0 | 1 | | | | | | | | | | | | | | |
| 5 | D | 0 | 0 | 1 | 2,294,800 | P | S | 0 | 1 | S | 0 | 2 | | | | | | | | | | | |
| 6 | D | 0 | 0 | 5 | 20,000 | P | S | 0 | 1 | | | | | | | | | | | | | | |
| 7 | D | 0 | 0 | 6 | 20,000 | P | S | 0 | 1 | | | | | | | | | | | | | | |
| 8 | D | 0 | 0 | 7 | 20,000 | P | S | 0 | 1 | | | | | | | | | | | | | | |
| 9 | D | 0 | 0 | 8 | 20,000 | P | S | 0 | 1 | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | | | | | | | | | | | | | | | | | | | | | | | |
| 12 | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | | | | | | | | | | | | | | | | | | | | | | | |
| 14 | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | | | | | | | | | | | | | | | | | | | | | | | |
| 16 | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | | | | | | | | | | | | | | | | | | | | | | | |
| 18 | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | | | | | | | | | | | | | | | | | | | | | | | |
| 22 | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | | | | | | | | | | | | | | | | | | | | | | | |
| 24 | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | | | | | | | | | | | | | | | | | | | | | | | |
| 26 | | | | | | | | | | | | | | | | | | | | | | | |

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**

EPA I.D. NO. (enter from page 1)

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| F | K | S | D | 0 | 0 | 7 | 2 | 4 | 6 | 8 | 4 | 6 | 6 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

LONGITUDE (degrees, minutes, & seconds)

| | | | | | | |
|---|---|---|---|---|---|---|
| 3 | 7 | 4 | 3 | 5 | 0 | N |
|---|---|---|---|---|---|---|

| | | | | | | |
|---|---|---|---|---|---|---|
| 9 | 7 | 1 | 9 | 0 | 8 | W |
|---|---|---|---|---|---|---|

VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & nr)

| | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|
| E | | | | | | | | | | | |
| F | | | | | | | | | | | |
| G | | | | | | | | | | | |

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|---|--------------------------------|---------------------------|
| A. NAME (print or type) Chuck Trombold, for Conservation Services Inc. | B. SIGNATURE Chuck Trombold | C. DATE SIGNED 9/27/85 |
|---|--------------------------------|---------------------------|

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

| | | |
|--|--|---------------------------|
| A. NAME (print or type) Conservation Services, Inc. | B. SIGNATURE Chuck Trombold for Conservation Services Inc. | C. DATE SIGNED 9/27/85 |
|--|--|---------------------------|

APPENDIX B

Name Change Notification

This appendix is to officially notify the KDHE, EPA, and other concerned parties that the hazardous waste portion of Reid Supply Company is now:

Conservation Services, Inc.
2525 New York
Wichita, KS 67219
(316) 267-5742

For purposes of the Part B application the references to Reid Supply Company relative to hazardous waste operations now apply to Conservation Services, Inc.

David Trombold

David Trombold
Hazardous Waste Coordinator
Conservation Services, Inc.